

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

9898

Office of Registrar of Vital Statistics.

Ward

14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

April 1st, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Katie Lindeman

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

Years,

6 Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death,

{ Give Street and Number. }

2439 Canton Av.

Cause of Death,

{ First (Primary),

Second (Immediate),

Malnutrition

Convulsions

3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

1st Evangelical

Date of Burial,

April 3rd 1887

Undertaker,

H. Sander & Son

John H. Rehberger

M. D.

Medical Attendant.

Place of Business,

1710 Canton Av.

Address # 1709 Olive Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98983 Office of Registrar of Vital Statistics.

Ward 2^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eva A. Boehm

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. city

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1836 East ave

Cause of Death, { First (Primary), Second (Immediate), } catarrh fever
convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, 1st Broadway

Date of Burial, April 3 - 1887

Undertaker, H. Sander & son

Place of Business, 1710 Benton

R. W. Mansfield M. D.
Medical Attendant.

Address, 129 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

98984

Office of Registrar of Vital Statistics.

Ward

10th

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CERTIFICATE OF DEATH.

Date of Death,

April 2. 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Fredrick Black

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

3 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Bath. Mch.

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Since birth

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

400 & Orleans St.

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Infantile Remittent Fever

Meningitis

Duration of Last Sickness,

Twelve days

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cem.

Date of Burial,

April 4 1887

{ Undertaker,

John Thomas

M. D.

{ Place of Business,

2008 Orleans St.

Address,

2000 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *98985*

Office of Registrar of Vital Statistics.

Ward *3*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *April - 2. 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Mary Emma Harrison*

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *3* Years, _____ Months, _____ Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *St. Michaels, Md.*

Duration of Residence in the City of Baltimore, *Three five mos.*

Place of Death, { Give Street and Number. } *106 S. Ann St.*

Cause of Death, { First (Primary), Second (Immediate), } *Infantile Remittent Fever*
Meningitis

Duration of Last Sickness, *One week*

All the above information should be furnished by the Physician.

Place of Burial, *St. Michael's Rd*

Date of Burial, *April 3/87*

Undertaker, *Wm S. Fry* *G. G. Luck* M. D.

Place of Business, *301 N. Broadway* Address, *200 S. Fall St.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

(4015) True

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

Ward

18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

2 April 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rebecca Lewis Lewis

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

85 Years,

1 Month,

10 Days.

Color,

White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line. }

Occupation,

none

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Montgomery Co. Va.

Duration of Residence in the City of Baltimore,

38 years

Place of Death,

{ Give Street and Number. }

229 S. Gilmore
old age Gilmore

Cause of Death,

{ First (Primary),

Second (Immediate),

Apoplexy

Duration of Last Sickness,

Five days

All the above information should be furnished by the Physician.

Place of Burial,

Launden Park Cemetery

Date of Burial,

April 4

Undertaker,

J.B. Cook

John Hood, M. D.

Medical Attendant.

Place of Business,

1003 W. Butler

Address,

1403 W. Gayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1898 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, April 1st 1887

Full Name of Deceased, Julia Vogt
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 3 Years, 4 Months, 12 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, ✓
{ Cross out the words not required in this line. }

Occupation, _____

Birth Place, Balto,
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 26 Centre M. Space
{ Give Street and Number. }

Cause of Death, Pneumonia
{ First (Primary), Second (Immediate), Asphyxia }

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Linden Park cemetery

Date of Burial, Apr 4th 1887

Undertaker, Jos B. Cook J. M. Gould M. D.
Medical Attendant.

Place of Business 1003 N. Baltimore Address, 610 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98988 Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or *sooner*, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31 March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emil Müller

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 35 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } married

Occupation, merchant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Northmeier Germany. 35 years in U.S.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, { Give Street and Number. } 369 N Broadway

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia of both lungs
Asphyxia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 4th

Undertaker, H. C. Wiedefeld

L. F. Richmond M. D.
Medical Attendant.

Place of Business, 916 Gunmit Ave Address, 720 N Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed, 10/25/2022.

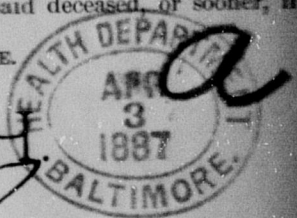
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8989 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, April 2/8

Full Name of Deceased, Elizabeth W. Colburn { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male ~~Female~~ { Cross out the word not required in this line. }

Age, 75 Years, None Months, None Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~ { Cross out the words not required in this line. }

Occupation, Teacher

Birth Place, Baltimore W. Md { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 72 years

Place of Death, 79 E. E. St { Give Street and Number. }

Cause of Death, Old Age { First (Primary), }
Pneumonia { Second (Immediate), }

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 4th 1887

Undertaker, J. E. Hughes & Co

Place of Business, 1408 Broadway Address, 208 Avenue

Medical Attendant, Edward J. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

98990

Office of Registrar of Vital Statistics.

Ward

9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, *April 1st 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ethel A. Wells*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *48* Years, *—* Months, *—* Days.

Color, *White*

~~Married~~, ~~Single~~, ~~Widow~~, ~~Widower~~, { Cross out the words not required in this line. }

Occupation, *—*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore, Md*

Duration of Residence in the City of Baltimore, *6 months*

Place of Death, { Give Street and Number. } *933 N. Calvert St*

Cause of Death, { First (Primary), Second (Immediate), } *Bright's Disease of Kidneys, Heart Disease and Dropsy*

Duration of Last Sickness, *Do not know, called in 10 days before death*

All the above information should be furnished by the Physician.

Place of Burial, *Salveston Tex*

Date of Burial, *April 4 1887*

Undertaker, *Benny and Mitchell* *Thomas Shearer M. D.*

Medical Attendant.

Place of Business, *550 W. Fayette St* Address, *97 N. Charles St*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

(4616) *same*

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98996 Office of Registrar of Vital Statistics. Ward 10th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2, 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estimide Camper
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 1 Years, 8 Months, 10 Days.
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, _____
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore
Duration of Residence in the City of Baltimore, life time
Place of Death, { Give Street and Number. } # 571 Mulberry St
Cause of Death, { First (Primary), Second (Immediate), } Consumption of throat & lungs
Duration of Last Sickness, 12 mos

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.
Date of Burial, April 4th 1887
{ Undertakers, Stewart & Morven Mt Royal & Boundary ave Address, _____
Place of Business, 35 Park Ave
Medical Attendant, J. J. [Signature] M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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